



WMIP | November 2006 Monitoring Report

Washington Medicaid Integration Partnership

Context

The Washington Medicaid Integration Partnership (WMIP) is a voluntary managed care pilot project in Snohomish County. WMIP is designed to improve care for aged, blind, or disabled clients by coordinating services that in the past have been provided through separate treatment systems: medical, mental health, substance abuse treatment, and long-term care. Molina Healthcare of Washington began providing care for clients in January 2005. The WMIP benefit package currently includes medical care, substance abuse treatment, and mental health treatment (fully phased-in in October 2005). Long-term care is scheduled to be added in 2006.

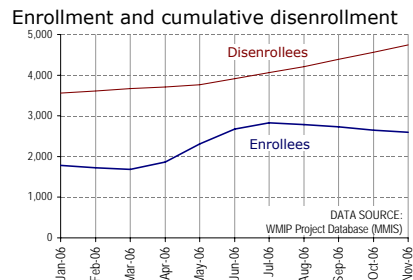
This report tracks baseline (pre-implementation) characteristics of current WMIP enrollees, compared to clients who have disenrolled from the project.

Enrollment Trends

WMIP Monthly Client Count

As of November 2006, 2,590 clients were enrolled in WMIP. Enrollment decreased by 58 clients from the prior month.

Disenrollees include clients who opted out of the program, lost Medicaid eligibility, or left the pilot county. 1,512 clients opted out prior to start-up, and 3,225 have left the project since implementation.



CURRENT
ENROLLMENT:
2,590

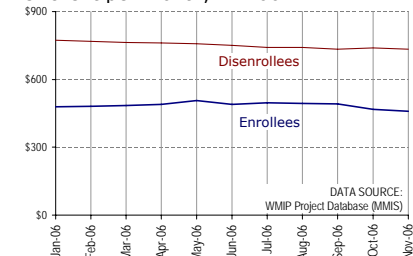
CUMULATIVE
DISENROLLMENT:
4,737

Baseline FFS Medical Assistance Expenditures, FY 2004

Current WMIP enrollees were less intensive users of medical services in the FY 2004 baseline (pre-implementation) period, compared to disenrollees. This pattern has been relatively stable since project implementation.

The WMIP risk-adjustment process will adjust WMIP capitation rates to reflect differences in expected medical costs between WMIP enrollees and disenrollees.

Per client per month, FY 2004



Baseline Average
Monthly FFS
Expenditures

ENROLLEES:
\$461

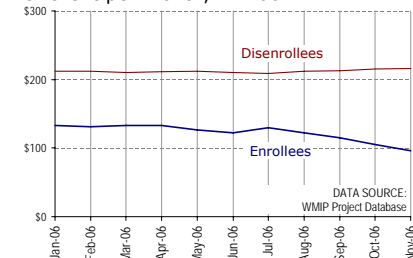
DISENROLLEES:
\$733

Baseline FFS Aging and Adult Services Expenditures, FY 2004

WMIP enrollees were less intensive users of long-term care services in the FY 2004 baseline (pre-implementation) period, compared to disenrollees. This difference in prior service use has widened since July 2006.

The WMIP capitation rate structure will account for differences in expected long-term care costs between WMIP enrollees and disenrollees.

Per client per month, FY 2004



Baseline Average
Monthly FFS
Expenditures

ENROLLEES:
\$96

DISENROLLEES:
\$216

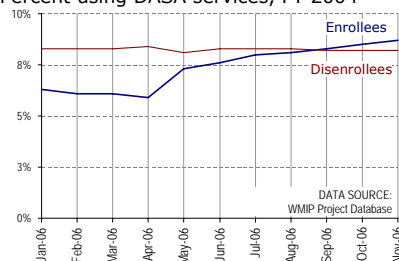
Alcohol or Other Drug Treatment and Diagnoses, FY/CY 2004

Since the addition of new and reconnected clients after April 2006, the proportion of current WMIP enrollees who had previously received DASA services increased significantly. This reversed a 7-month period of decline in this measure.

Since the addition of new and reconnected clients after April 2006, the gap between enrollees and disenrollees in the proportion of clients with a substance use disorder diagnosis has narrowed somewhat.

Substance abuse diagnoses were identified from medical claims using the Chronic Illness and Disability Payment System (CDPS) diagnosis groups.

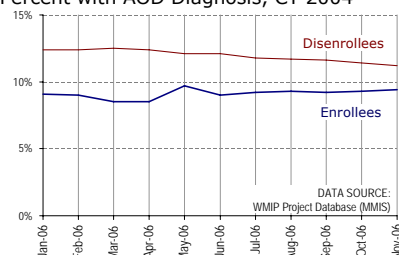
Percent using DASA services, FY 2004



PERCENT OF
CURRENT
ENROLLEES:
8.7%

PERCENT OF
CUMULATIVE
DISENROLLEES:
8.2%

Percent with AOD Diagnosis, CY 2004



PERCENT OF
CURRENT
ENROLLEES:
9.4%

PERCENT OF
CUMULATIVE
DISENROLLEES:
11.2%

Mental Health Treatment and Diagnoses, FY/CY 2004

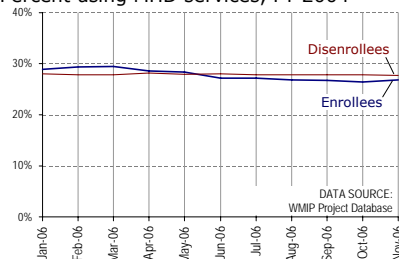
The proportion of WMIP enrollees with mental illness was relatively stable in the first 15 months of implementation, as indicated by Calendar Year 2004 medical claims diagnoses and Fiscal Year 2004 use of Mental Health Division services.

Since the addition of new and reconnected clients beginning in April 2006, the proportion of WMIP enrollees with baseline indications of mental illness has tended to decline. The change in the mental health profile of WMIP clients is due to the relatively low baseline prevalence of mental illness among clients newly enrolled in the project.

This points to the need to implement a risk adjustment process for the mental health component of the WMIP capitation payment.

Mental illness diagnoses were identified from medical claims using the CDPS.

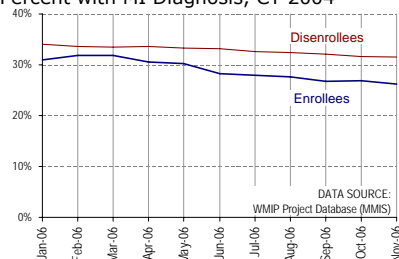
Percent using MHD services, FY 2004



PERCENT OF
CURRENT
ENROLLEES:
26.8%

PERCENT OF
CUMULATIVE
DISENROLLEES:
27.7%

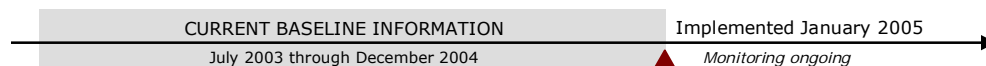
Percent with MI Diagnosis, CY 2004



PERCENT OF
CURRENT
ENROLLEES:
26.2%

PERCENT OF
CUMULATIVE
DISENROLLEES:
31.5%

DATA TIMELINE



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